

UltraCare Plans

Table of Benefits

Overall Limits	Plus	Comprehensive	Select	Standard	
Under the terms and conditions of the plan , we will pay necessary, customary and reasonable expenses up to an overall maximum, per insured person per plan year (unless a lifetime limit is specified):	£2,000,000 \$3,400,000 €3,000,000	£1,000,000 \$1,700,000 €1,500,000	£750,000 \$1,275,000 €1,125,000	£500,000 \$850,000 €750,000	
In-Patient and Daycare Treatment					
Accidents and emergencies , intensive care and theatre costs	Covered in Full	Covered in Full	Covered in Full	Covered in Full	
Hospital accommodation					
Nursing fees, medical expenses and ancillary charges					
Surgeons', consultants ', anaesthetists', medical practitioners ' fees					
Prescribed medicines and drugs					
Reconstructive surgery following an accident or following surgery for an eligible medical condition					
Prostheses: artificial body parts surgically implanted to form permanent parts of an insured person's body					
MRI, PET and CT scans					
X-rays, pathology, diagnostic tests and procedures					
Oncology tests, drugs and consultants ' fees including cover for chemotherapy and radiotherapy					
Allergies: treatment of allergic medical conditions					
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist					
Parent accommodation, insured parent with an insured child under 18 years of age in hospital					
Accidental damage to natural teeth					
Psychiatric treatment up to 30 days available after 12 months continuous cover under the plan	Not Covered	Not Covered	Not Covered		
Out Patient Treatment ¹					
Primary consultations and treatment to include medical practitioners ' fees, prescribed medicines, drugs and dressings	Covered in Full	Covered up to £5,000 \$8,500 €7,500	Covered up to £3,000 \$5,100 €4,500	Not Covered	
X-rays, pathology, diagnostic tests and procedures					
Specialists ' and consultants ' fees for consultations, prescribed medicines, drugs and dressings	Covered up to £2,000 \$3,400 €3,000	*Complementary medicine and treatment, and Physiotherapy up to a maximum sub-limit of £500 \$850 €750	*Complementary medicine and treatment, and Physiotherapy up to a maximum sub-limit of £250 \$425 €375		
Psychiatric treatment available after 12 months continuous cover under the plan					
Complementary medicine and treatment by a therapist , when referred by a medical practitioner, consultant or specialist . This benefit extends to osteopathic, chiropractic, homeopathic and acupuncture treatment and Chinese herbal medicine*	Covered up to £2,000 \$3,400 €3,000	Covered in Full	Covered in Full		
Physiotherapy by a registered physiotherapist , when referred by a medical practitioner, consultant or specialist *					
Oncology tests, drugs and consultants ' fees including cover for chemotherapy and radiotherapy	Covered in Full	Covered in Full	Covered in Full		
MRI, PET and CT scans					
Out-patient surgical operations	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225		
Allergies: treatment of allergic medical conditions					
Post-hospitalisation treatment	Covered in Full up to 90 days	Covered in Full up to 90 days	Covered in Full up to 90 days		Covered in Full up to 90 days
Out-Patient Dental Treatment ² (available after 6 months continuous cover)					
Treatment for the immediate relief of dental pain, accidental damage to natural teeth and restoration of natural teeth including x-rays, fillings, extractions, root-canal treatment , gum treatment	Covered up to 75% of £750 \$1,275 €1,125	Covered up to 75% of £500 \$850 €750	Not Covered		Not Covered
Wellness Benefit					
Routine health checks including cancer screening, cardiovascular examinations, neurological examinations, well child tests, vital sign tests (e.g. blood pressure, cholesterol checks) and vaccinations	Covered up to £350 \$595 €525	Covered up to £250 \$425 €375	Not Covered	Not Covered	
Chronic Medical Conditions					
Stabilisation of acute exacerbations / episodes of chronic medical conditions	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient, daycare and out-patient sections	Covered within the limits in the in-patient and daycare section and immediately following in-patient or daycare treatment for a period of 90 days after discharge	
Maintenance, routine checkups, prescribed drugs and dressings, and palliative treatment	Covered up to a lifetime limit of £60,000 \$102,000 €90,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £40,000 \$68,000 €60,000	Not Covered	
Please note: In the event of a chronic medical condition being deemed terminal , cover under the Chronic Medical Conditions benefit will cease. Terminal medical conditions can only be covered under the Terminal Illness benefit .					
Terminal Illness					
Palliative treatment and hospice care on diagnosis of a terminal condition	Covered up to a lifetime limit of £60,000 \$102,000 €90,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £40,000 \$68,000 €60,000	Not Covered	

Hormone Replacement Therapy	Plus	Comprehensive	Select	Standard
Hormone replacement therapy in respect of pre- and post-menopausal symptoms	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225	Covered up to £150 \$255 €225 immediately following in-patient or daycare treatment for a period of 90 days after discharge
HIV/AIDS (available after 4 years continuous cover)				
Treatment for HIV/AIDS and related medical conditions	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Covered up to a lifetime limit of £50,000 \$85,000 €75,000	Not Covered
Emergency Local Ambulance				
Costs of road ambulance transport required due to an emergency or medical necessity to the nearest available and appropriate local hospital	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Organ Transplant				
Treatment for and in relation to an organ transplant of either: kidney, liver, heart, lung, or heart and lung, in respect of the insured person as recipient and not the organ donor	Covered up to £200,000 \$340,000 €300,000	Covered up to £200,000 \$340,000 €300,000	Covered up to £200,000 \$340,000 €300,000	Covered up to £200,000 \$340,000 €300,000
Nursing at Home				
Primary care services of a registered nurse in the insured person's home immediately after, or instead of, in-patient or daycare treatment	Covered up to £5,000 \$8,500 €7,500	Covered up to £2,500 \$4,250 €3,750	Covered up to £2,500 \$4,250 €3,750	Covered up to £1,500 \$2,550 €2,250
Please note: The Nursing at Home benefit does not apply to terminal medical conditions . Terminal medical conditions can only be covered under the Terminal Illness benefit				
Compassionate Emergency Visit				
Costs incurred by an insured person for an economy class return airfare from the country of residence to visit a close family member , up to the attained age of 75 years, in the event of a medical condition that results in that close family member being placed on a critical list, or his/her death. Limited to one return journey per insured person per plan year	Covered in Full	Covered in Full	Covered in Full	Not Covered
Hospital Cash Benefit				
Cash payment payable for each night where treatment is received by an insured person as a non-paying patient	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250	£250 \$425 €375 per night Up to a maximum of £7,500 \$12,750 €11,250
Legal Expenses				
Legal expenses incurred by an insured person with our prior written consent in pursuit of a claim against a third party who has caused bodily injury to, or the death of, an insured person	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250	Covered up to £7,500 \$12,750 €11,250
Emergency Evacuation and Repatriation				
The transportation costs of an insured person to the nearest centre where adequate medical facilities are available. Payment of this benefit , including treatment incurred, will be subject to the insured person suffering from a medical condition ; (a)** that necessitates the insured person being placed on a critical list, or, (b) for which, in our opinion, adequate treatment is not available in the country where such treatment is required and/or recovery would be substantially expedited thereby	Covered in Full	Covered in Full	Covered in Full	Covered in Full When relating to in-patient and daycare treatment
Economy class return airfare following an emergency medical evacuation, to country of residence				
**Travelling, accommodation and economy class return airfare expenses for pre-authorised costs of a close business colleague , or the insured person's dependants , or in the case of the insured person being a dependant , a parent or close family member , having to accompany the insured person for an emergency medical evacuation. This benefit will only become available under the conditions detailed in clause (a) above				
Repatriation of Mortal Remains				
In the event of death, the costs of preparation and air transportation of the body, mortal remains or the ashes of an insured person , from the place of death to the home country , or the preparation and local burial or cremation of the mortal remains of the insured person , who dies outside of the home country	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Emergency Medical Treatment Outside Area of Cover				
Emergency medical treatment cover outside of geographic area of cover	Covered up to £35,000 \$59,500 €52,500	Covered up to £30,000 \$51,500 €45,000	Covered up to £20,000 \$34,000 €30,000	Not Covered
Deductibles				
¹ Out-patient medical treatment standard excess (applied per medical condition , per plan year)	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50	£25.00 \$42.50 €37.50
² Out-patient dental treatment co-insurance (applied per claim)	25%	25%	N/A	N/A